

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I HEREBY DECLARE THAT:

This Declaration is for the following type of application:

ORIGINAL PATENT APPLICATION

My residence, post office address and citizenship are as stated below next to my name; I believe that I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMPOSITIONS, TEST KITS AND METHODS FOR DETECTING HELICOBACTER PYLORI**, the specification of which is filed herewith:.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number) (Country) (Day/Month/Year Filed)

(Number) (Country) (Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

(Application Number) (Filing Date)

(Application Number)

(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number) (Filing Date) (Status -- patented, pending, abandoned)

(Application Number) (Filing Date) (Status -- patented, pending, abandoned)

POWER OF ATTORNEY

I hereby appoint as my attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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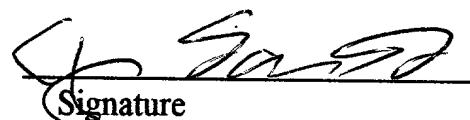
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Encino **91312**

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Date: 2 - 11 - 02


Signature

SEQUENCE LISTING

<110> SACHS, GEORGE
VOLAND, PETRA

<120> COMPOSITIONS, TEST KITS AND METHODS FOR DETECTING
HELICOBACTER PYLORI

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Pro Lys Ile Glu Ile Asn Lys Val Ile Pro Glu Ser Tyr Gln Lys Glu
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Phe Glu Lys Ser Leu Phe Leu Gln Leu Ser Ser Phe Leu Glu Arg Lys
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Gly Tyr Ser Val Ser Gln Phe Lys Asp Ala Ser Glu Ile Pro Gln Asp
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Glu Lys Glu Glu Pro Lys Gln Glu Pro Ala Pro Val Val Glu Glu Lys
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Pro Ala Val Glu Ser Gly Thr Ile Ile Ala Ser Ile Tyr Phe Asp Phe
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Asp Lys Tyr Glu Ile Lys Glu Ser Asp Gln Glu Thr Leu Asp Glu Ile
 85 90 95

Val Gln Lys Ala Lys Glu Asn His Met Gln Val Leu Leu Glu Gly Asn
 100 105 110

Thr Asp Glu Phe Gly Ser Ser Glu Tyr Asn Gln Ala Leu Gly Val Lys
 115 120 125

Arg Thr Leu Ser Val Lys Asn Ala Leu Val Ile Lys Gly Val Glu Lys
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|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Met | Leu | Glu | Lys | Ser | Phe | Leu | Lys | Ser | Lys | Gln | Leu | Phe | Leu | Cys | Gly |
| 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 10 | 15 |

Leu Gly Val Leu Met Leu Gln Ala Cys Thr Cys Pro Asn Thr Ser Gln

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|
| | | | | | | | | | | | | | | | 20 | 25 | 30 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|

Arg Asn Ser Phe Leu Gln Asp Val Pro Tyr Trp Met Leu Gln Asn Arg

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|
| | | | | | | | | | | | | | | | 35 | 40 | 45 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|

Ser Glu Tyr Ile Thr Gln Gly Val Asp Ser Ser His Ile Val Asp Gly

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|
| | | | | | | | | | | | | | | | 50 | 55 | 60 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|

Lys Lys Thr Glu Glu Ile Glu Lys Ile Ala Thr Lys Arg Ala Thr Ile

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|----|
| | | | | | | | | | | | | | | | 65 | 70 | 75 | 80 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|----|

Arg Val Ala Gln Asn Ile Val His Lys Leu Lys Glu Ala Tyr Leu Ser

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|
| | | | | | | | | | | | | | | | 85 | 90 | 95 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|

Lys Thr Asn Arg Ile Lys Gln Lys Ile Thr Asn Glu Met Phe Ile Gln

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|
| | | | | | | | | | | | | | | | 100 | 105 | 110 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|

Met Thr Gln Pro Ile Tyr Asp Ser Leu Met Asn Val Asp Arg Leu Gly

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|
| | | | | | | | | | | | | | | | 115 | 120 | 125 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|

Ile Tyr Ile Asn Pro Asn Asn Glu Glu Val Phe Ala Leu Val Arg Ala

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|
| | | | | | | | | | | | | | | | 130 | 135 | 140 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|

Arg Gly Phe Asp Lys Asp Ala Leu Ser Glu Gly Leu His Lys Met Ser

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|-----|
| | | | | | | | | | | | | | | | 145 | 150 | 155 | 160 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|-----|

Leu Asp Asn Gln Ala Val Ser Ile Leu Val Ala Lys Val Glu Glu Ile

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|
| | | | | | | | | | | | | | | | 165 | 170 | 175 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|

Phe Lys Asp Ser Val Asn Tyr Gly Asp Val Lys Val Pro Ile Ala Met

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|
| | | | | | | | | | | | | | | | 180 | 185 | 190 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----|-----|

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|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|--|
| Met | Asn | Ile | Ser | Val | Asn | Pro | Tyr | Leu | Met | Ala | Val | Val | Phe | Val | Val | | |
| 1 | | | | | | | | | | | | | | | | 15 | |
| | | | | | | | | | | | | | | | 10 | | |

Phe Val Leu Leu Trp Ala Met Asn Val Trp Val Tyr Arg Pro Leu

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|
| | | | | | | | | | | | | | | | 20 | 25 | 30 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|

Leu Ala Phe Met Asp Asn Arg Gln Ala Glu Ile Lys Asp Ser Leu Ala

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|
| | | | | | | | | | | | | | | | 35 | 40 | 45 |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|

